

Fort Collins CommUnity Acupuncture & Massage

149 W Harvard St., Fort Collins, CO 80526 970-282-8300 info@CommunityAcu.org

Acupuncture New Patient Forms

WHAT IS DIFFERENT ABOUT FORT COLLINS COMMUNITY ACUPUNCTURE?

Welcome to YOUR CommUnity Clinic!

These “*New Patient Forms*” will help you understand how we operate as well as help us understand how we can best support you. Thank you for filling them out in advance and bringing them in with you for your appointment!

Here is some helpful information about your treatment:

- ✚ ***You receive your treatment in a peaceful and supportive community setting rather than an individual room...***

In our clinic we use recliners and massage tables attractively clustered in a soothing “collective” space. This supports a synergistic healing atmosphere that can help your treatments be even more powerful! This also allows us to treat more patients and keep everyone’s fees very affordable.

- ✚ ***We keep our prices low so you can afford the number of treatments you may need...***

How many treatments you may need, as well as how often you may need them, depends upon your unique situation. The beneficial effects of acupuncture last 24-72 hours and continue building momentum the more often you come in. Our low prices enable you to afford the frequency of visits that can **get you better!**

What We Need From You

Community-Mindedness

The nourishing atmosphere you’ll experience in our clinic exists because all of our patients help us create it. They do this by relaxing, healing and nurturing their vitality into this synergistic and sacred healing space. We ask that you please observe the following tips to ensure both your own and everyone else’s comfort:

Personal Tips:

- ✚ Avoid high intensity exercise right after a treatment
- ✚ Do not skip a meal before your treatment
- ✚ Avoid caffeine within the hour
- ✚ Use the bathroom beforehand
- ✚ Wear loose clothing and avoid excessive jewelry,
- ✚ Avoid wearing strong perfumes or fragrances (due to some people’s allergies)
- ✚ Check in and make your appointment payment BEFORE each treatment
- ✚ Remember to inform the practitioner if you need to be somewhere at a particular time - we will make every effort to accommodate your schedule.

Tips for supporting the ambiance of the group as you enter your healing space:

- ✦ Please bring earphones or earplugs if the snoring/noise of other patients bothers you
- ✦ Turn off all cell phones before entering the community room.
- ✦ As soon as you reach your treatment chair or table, please remove your shoes/socks, placing them quietly next to where you are sitting/lying.
- ✦ Speak in hushed tones - otherwise, ***silence is truly golden!***
- ✦ If you need or prefer a table instead of a recliner for your treatment we will do our best to accommodate your need. If a table is not available, rest assured that we can always still help you in one of the recliners.
- ✦ Occasionally our acupuncturists trade shifts with one another. This means that you may have scheduled with one person but will be seen by another. Please know that they are all on the same page regarding your treatment as they refer to your unified treatment notes.

Lastly:

- ✦ We are delighted you are interested in sharing in our healing space! Please enjoy yourself. It's YOUR healing space too!
- ✦ **Any appointment that is missed or cancelled with less than 24 hours notice will be charged in full. We appreciate your understanding our need to consistently apply this policy, which helps us serve you and your neighbors with high quality, affordable acupuncture. We ask that this fee be paid the same day by phone.**
- ✦ **CHECK IN TIME IS 10 minutes before your appointment time! If you arrive late please know that it may affect the timing of your session, or we will have to charge you in full and reschedule you.**
- ✦ **If you need a receipt for your appointment, please make sure to request that at each appointment. We cannot provide year-end payment documentation.**
- ✦ Although infrequent, if the acupuncturist missed taking out a needle, please notify someone and we will dispose of it for you!
- ✦ **We provide a variety of treatment services, prescribed according to our understanding of your unique needs.** Please note that herbal consultations are considered a stand-alone treatment. The same is true of cupping and E-stim treatment (i.e. electrical-stimulation. This means that if you want either of those in *addition* to treatment with needles, then you will need to book, and pay for, two separate appointments.) **PLEASE CALL THE OFFICE TO SCHEDULE AN HERBAL OR NUTRITIONAL CONSULT AS IT IS 30 MINUTES.**
- ✦ Please don't hesitate to share your feedback on how we're addressing your needs. Our commitment is to continually learn how we can better understand and meet your health and healing needs!

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PATIENT INFORMATION AND HISTORY

NAME: _____ DATE: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

OCCUPATION: _____ EMAIL: _____

AGE: ____ DATE OF BIRTH: ____/____/____ SEX/GENDER: _____

PLEASE TELL US HOW YOU HEARD OF OUR CLINIC: _____

DO WE HAVE YOUR PERMISSION TO "THANK" THEM FOR THEIR REFERRAL? Yes ____ No ____

HAVE YOU RECEIVED ACUPUNCTURE BEFORE? _____

EMERGENCY CONTACT: NAME: _____ PHONE: _____

LIST ALL MEDICATIONS OR DIETARY SUPPLEMENTS YOU ARE CURRENTLY TAKING:

Medication	Dosage	Reason	How Long

PLEASE INDICATE THE USE AND FREQUENCY OF THE FOLLOWING:

	Yes	No	Amount		Yes	No	Amount
Coffee:	____	____	_____	Tobacco:	____	____	_____
Alcohol:	____	____	_____	Recreational Drugs:	____	____	_____
Diet Soda:	____	____	_____	Regular Soda:	____	____	_____

LIST THE TOP 3 THINGS YOU WOULD LIKE TO WORK ON:

- 1) _____
- 2) _____
- 3) _____

LIST ANY ALLERGIES, FOOD SENSITIVITIES OR CRAVINGS: _____

LIST ANY ACCIDENTS, SURGERIES, OR HOSPITALIZATIONS (INCLUDE DATES): _____

SYMPTOM SURVEY

The following is a list of symptoms that you may or may not experience. Please indicate as follows:

Blank mark = never experience

S = sometimes experience

O = often experience

- | | | |
|---|--|---|
| <input type="checkbox"/> lack of appetite | <input type="checkbox"/> cough | <input type="checkbox"/> failing vision |
| <input type="checkbox"/> excessive appetite | <input type="checkbox"/> shortness of breath | <input type="checkbox"/> cataracts |
| <input type="checkbox"/> loose stool/diarrhea | <input type="checkbox"/> sinus problems | <input type="checkbox"/> glaucoma |
| <input type="checkbox"/> indigestion | <input type="checkbox"/> asthma | <input type="checkbox"/> other eye problem |
| <input type="checkbox"/> bloating after eating | <input type="checkbox"/> difficulty inhaling | <input type="checkbox"/> pimples/acne |
| <input type="checkbox"/> vomiting | <input type="checkbox"/> bronchitis | <input type="checkbox"/> eczema/psoriasis |
| <input type="checkbox"/> belching/burping | <input type="checkbox"/> hay fever/rhinitis | <input type="checkbox"/> moles/warts |
| <input type="checkbox"/> heartburn/reflux | | <input type="checkbox"/> bruise easily |
| <input type="checkbox"/> hemorrhoids | | <input type="checkbox"/> varicose veins |
| <input type="checkbox"/> abdominal pain | | <input type="checkbox"/> skin cancer |
| <input type="checkbox"/> constipation | | <input type="checkbox"/> hair loss |
| | <input type="checkbox"/> back pain | <input type="checkbox"/> toenail fungus |
| | <input type="checkbox"/> sciatic nerve | <input type="checkbox"/> brittle nails |
| | <input type="checkbox"/> joint pain | <input type="checkbox"/> mouth sores |
| | <input type="checkbox"/> arthritis | <input type="checkbox"/> frequent colds |
| <input type="checkbox"/> insomnia | <input type="checkbox"/> muscle spasms | <input type="checkbox"/> hypo or hyperthyroid |
| <input type="checkbox"/> heart palpitations | <input type="checkbox"/> shingles | <input type="checkbox"/> lump in throat |
| <input type="checkbox"/> cold hands and feet | <input type="checkbox"/> knee problems | <input type="checkbox"/> grind teeth |
| <input type="checkbox"/> chest pain | <input type="checkbox"/> kidney stones | <input type="checkbox"/> fatigue |
| <input type="checkbox"/> sleep too much | <input type="checkbox"/> headaches/migraines | <input type="checkbox"/> perspire easily |
| <input type="checkbox"/> hand swelling | <input type="checkbox"/> dizziness | <input type="checkbox"/> ear ringing |
| <input type="checkbox"/> ankle swelling | <input type="checkbox"/> poor balance | <input type="checkbox"/> sudden weight loss |
| <input type="checkbox"/> low blood pressure | <input type="checkbox"/> poor memory | <input type="checkbox"/> decreased sex drive |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> facial nerve pain | <input type="checkbox"/> urinary infections |
| <input type="checkbox"/> bleed easily | | <input type="checkbox"/> incontinence |
| <input type="checkbox"/> numbness/tingling in extremities | | |

Which emotions most closely describe you:

- | | | | |
|------------------------------------|---|--|-------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Easily irritable/angry | <input type="checkbox"/> Difficulty making decisions | <input type="checkbox"/> Numb |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Stressed/anxious | <input type="checkbox"/> Fearful | <input type="checkbox"/> Sad |

HOW OFTEN DO YOU EXERCISE & WHAT TYPE: _____

Women Only:

Are you pregnant? Y___ N___ Number of pregnancies? _____ Number of live births? _____

Do you frequently get yeast infections? _____

Do you have infertility issues? _____

Circle any of the following PMS symptoms that apply to you:

Irregular painful heavy flow scanty flow water retention breast lumps clots

emotional changes spotting between periods constipation/diarrhea migraines backache

Do you have abnormal vaginal discharge? _____ (please describe) _____

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LATE ARRIVAL & MISSED APPOINTMENTS POLICIES

Our clinic exists for one purpose: *To help you, your family and your neighbors have access to quality, affordable, convenient, and effective Traditional Chinese Medicine health care.*

In order to best serve you and your neighbors, we have important policies that we need you to understand:

- **Any appointment that is missed or cancelled with less than 24 hours notice will be charged the full service amount.** We appreciate your understanding our need to consistently apply this policy, which helps us serve you and your neighbors with high quality, affordable acupuncture. We ask that this fee be paid the same day by phone.
- **It is important that you check in for your appointment 10 minutes before your appointment time.** We will do our very best to accommodate you if you arrive late for your appointment, however, if you arrive late and we are unable to accommodate you because our schedule is full, we will consider it a missed appointment and will need to charge you accordingly.
- **We cannot guarantee you will be seeing a specific acupuncturist nor be able to reserve a table or chair at any time.** We will try to accommodate these needs to the best of our ability!

We thank you for understanding the need for these policies!

Your signature below confirms that you have read and agree to these policies.

Signature _____

Date ____/____/____

Printed Name _____

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COLORADO MANDATORY DISCLOSURE & INFORMED CONSENT FORM

This disclosure statement is in compliance with requirements of the State of Colorado, Department of Regulatory Agencies, Colorado Statute Title 12 Article 29.5. All rules and regulations set forth by the Department of Health are strictly adhered to including proper cleaning, sterilization, and sanitation of equipment and office.

This practice of acupuncture is regulated by the Director of Registrations, Colorado Department of Regulatory Agencies. If you have any comments, questions, or complaints, contact the Acupuncturists Registrations Office, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-2440. The patient is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.

The patient may seek a second opinion from another health care professional or may terminate therapy at any time. In a professional relationship sexual intimacy is never appropriate and should be reported to the Director of the Division of Registration in the Department of Regulatory Agencies.

Fee Schedule:

Each patient decides what they can afford to pay per treatment between \$25.00 to \$50.00 (that is due at the time of service, no income verification is required).

There is an additional one-time \$10.00 fee for administrative/consultation expenses applied only to first-time appointments.

We do not take insurance, however we will provide you with a receipt for your insurance company upon your request.

Our Practitioners' Education, Certification and Experience:

Alexis Mahon L.Ac, MSOM, Dipl. Ac is a board certified Acupuncturist and Chinese Herbalist. A graduate from Southwest Acupuncture College in Boulder, CO she has served the Colorado Front Range community in private and associate practice. Alexis continuously availed herself to the arts of Chinese Medicine. Her training includes over 3200 hours of classroom instruction, and over 1600 hours of clinical study, treating hundreds of patients. She has completed advanced training in orthopedic acupuncture, meridian therapy, 5 Element medicine, Shiatsu massage therapy, Sotai manual therapy, moxibustion techniques, for Boulder's largest and oldest Chinese Herbal pharmacy throughout the course of her Chinese medical schooling.

David Gorski, L.Ac., Dipl. Ac., is licensed in the state of Colorado having graduated Southwest Acupuncture College in Boulder, CO with his MS Ac. His education included a 2-year clinical internship in patient treatment and treatment planning. His studies focused on meridian therapies, Tui Na, and working the 8 extraordinary vessels, harmonizing the 5 elements, and moving pathologies using divergent meridians. He has a small practice in Boulder and also volunteers at a domestic violence shelter offering community acupuncture. Prior to Southwest Acupuncture College, he attended Naropa University receiving a BA in Traditional Eastern Arts with emphasis in Tai Chi.

Isaac Hoft, L.Ac, MSOM, Dipl. OM, is licensed in the state of Colorado having graduated from Southwest Acupuncture College in Boulder, CO with a MSOM (Master of Science in Oriental Medicine). He is also a board-certified herbalist. He began his acupuncture training at the Pacific College of Oriental Medicine in Chicago and completed his coursework and internship in Boulder after participating in specialty clinics including: Tui Na (Chinese Medical Massage), Sports Medicine, Boulder County AIDS Project, and Oncology. He primarily utilizes the 5 branches of Chinese Medicine, as well as Taoist spiritual alchemy, Kototama Inochi Medicine, Dr. Tan/Master Tung Balance Methods, and more modern myofascial release systems.

Informed Consent:

I hereby request and consent to the performance of acupuncture procedures by my acupuncturist David Gorski, Isaac Hoft, Alexis Mahon, or such other duly licensed acupuncturist as your clinic has on staff.

I have been informed that acupuncture is a safe method of treatment but that it may have side effects including discomfort, pain, dizziness, bruising, or numbness at site of procedure. Unusual and rare risks may include nerve damage, organ puncture, infection, and spontaneous miscarriage. Other side effects may occur. If I suspect that I am pregnant, I will immediately inform the acupuncturist. I have discussed the nature and purpose of my treatment with the acupuncturist(s) named above. I understand that there are no guarantees regarding cure or improvement of my condition. I understand that there may be limitations to the care provided and that in my best interest I may be referred to another acupuncture practitioner or other healthcare provider who may be more qualified to treat me outside of these facilities. I do not expect the acupuncturist to anticipate and explain all possible risks and complications, and I permit the acupuncturist to determine and/or alter the course of treatment as they judge to be in my best interests based upon the facts then known. I understand that I have the choice to accept or reject treatment at any time. I understand that it is always possible that a needle may accidentally be left in place or fall on my clothing after my treatment, and I understand that I am responsible for double-checking that all needles have been removed. I have read or have had read to me the above consent. I have also had the opportunity to ask questions about its content, and by signing below, I agree to all terms and conditions stipulated by this document. I intend this form to cover the entire course of treatment for my condition and for any future condition(s) for which I seek treatment.

I have furthermore been informed that Fort Collins CommUnity Acupuncture clinic's acupuncturists are not medical doctors and do not provide primary care medicine or diagnostic medical procedures. I understand, too, that if I think there is any possibility that I may be experiencing a serious health concern, or if I want someone knowledgeable to review my medical history with me, I need to see a primary care physician prior to acupuncture treatment. I understand that, as a complementary care provider, Fort Collins CommUnity Acupuncture is pleased to communicate with my physician at my request.

I understand, acknowledge, and voluntarily accept the risk associated with acupuncture services, use of your facilities, and I hereby release you (including our affiliates, agents, and employees) from liability for any injury or claim (including, without limitation, personal, bodily, or mental injury, property damage or economic loss), which may result from your acupuncture, cupping, or from taking herbs ordered by or recommended by the acupuncturist, my failure to disclose any pre-existing condition, limitation or sensitivity, or my failure to inform my therapist of discomfort during my session.

Signature of Patient or Person Authorized to Consent (state relationship)

Date